Exhibit A

Scope of Work

1. Service Overview

Contractor agrees to provide to the Department of Health Services (DHS) the services described herein.

Responsible for statewide coordination of tailored breast and cervical cancer public health education to priority populations and the maintenance of a primary care provider network. Promote CDS public health screening and re-screening messages and carry out CDS policies and procedures to maintain standards for quality breast and cervical cancer screening and diagnostic services.

2. Service Location

The services shall be performed in all 58 counties of the state.

3. Service Hours

The services shall be provided during normal Contractor working hours, Monday through Friday, excluding national holidays.

4. Project Representatives

A. The project representatives during the term of this agreement will be:

Department of Health Services	Contractor
DHS Contract Manager (TBD)	Contractor's Contract Manager (TBD)
Telephone: (TBD)	Telephone: (TBD)
Fax: (TBD)	Fax: (TBD)
E-mail: (TBD)	E-mail: (TBD)

B. Direct all inquiries to:

Department of Health Services	Contractor
Cancer Detection Section	(TBD)
Attention: (TBD)	Attention: (TBD)
Mail Station Code 7203	
1616 Capitol Ave., Suite 74.421	
P.O. Box 997413	
Sacramento, CA, 95899-7413	
Telephone: (TBD)	Telephone: (TBD)
Fax: (TBD)	Fax: (TBD)
E-mail: (TBD)	E-mail: (TBD)

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

5. Allowable Informal Scope of Work Changes

A. The Contractor or the State may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the Scope of Work, provided such changes do not alter the overall goals and basic purpose of the agreement.

Scope of Work

- B. Informal SOW changes may include the substitution of specified activities or tasks; the alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.
- C. Informal SOW changes processed hereunder, shall not require a formal agreement amendment, provided the Contractor's annual budget does not increase or decrease as a result of the informal SOW change.
- D. Unless otherwise stipulated in this agreement, all informal SOW changes and revisions are subject to prior written approval by the State.
- E. In implementing this provision, the State may provide a format for the Contractor's use to request informal SOW changes. If no format is provided by the State, the Contractor may devise its own format for this purpose.

6. Use of Students

- A. The Contractor will abide by the following conditions per Government Code Section 19133:
 - 1) No student shall be employed for more than 194 days in the 365 days following the initial date of employment,
 - 2) No student shall accrue state civil service status, and
 - 3) No student shall cause displacement of civil service employees,
 - 4) Students shall perform work related to the student's field of study.
- B. Any student allowed to operate a State vehicle in the normal course of their work assignments under this agreement shall possess a valid operator license and appropriate automobile liability insurance.

7. Subcontract Requirements

Subcontracts that are used in performance of the scope of work shall comply with the requirements specified in Provision 5 of Special Terms and Conditions Exhibit D(F).

8. See the following pages for a detailed description of the services to be performed.

PROGRAM COMPONENT: TAILORED EDUCATION

Component Goal: Provide tailored education to priority population women in California in an effort to promote adherence to regular breast and cervical cancer screening and follow-up.

OBJECTIVE 1: Tailored Education

From March 1, 2007 through June 30, 2007, the Contractor will perform start up tasks that enable the Contractor to begin teaching tailored education classes to program eligible women (see Operational Requirements).

Required Activities	Responsible Staff	Time Line	Deliverables
Activity 1: Coordinate tailored education component of SOW. a) Identify and establish contacts with target priority population clusters within regions.	Project Coordinator Health Educators	March 1, 2007 – June 30, 2007	Staffing reports Contact log of community members Copies of recruitment materials
b) Identify and hire Community Health Workers (CHWs) as needed.c) Schedule classes to begin July 2007.			

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement quality clinical services throughout California.

OBJECTIVE 2: Provider Network

From March 1, 2007 through June 30, 2007, the Contractor will identify, train, and maintain a diverse network of providers that will comply with CDS clinical standards and data requirements (see Operational Requirements).

	Required Activities	Responsible Staff	Time Line	Deliverables
	ctivity 1: Maintain a professional provider twork.	Clinical Coordinator Supervisors Clinical Coordinators	March 1, 2007 – June 30, 2007	Log of provider orientations and other trainings
a)	Provide orientation to new PCPs and ongoing training as needed on CDS			Provider files
	program policy and procedures utilizing CDS tools.			Log of efforts to recruit culturally appropriate PCPs
b)	Maintain accurate files on each provider. (i.e., Provider Enrolment Agreement, Provider Site Review Tool, etc. as defined by CDS.)			Reduction/Expansion Plan
c)	Recruit culturally appropriate providers to serve CDS priority populations (African American, Asian/Pacific Islander, American Indian, and Rural) as needed.			
d)	Develop a plan to expand and/or reduce the network based on regional needs, as determined by CDS.			
	ctivity 2: Ensure that the Consumer 800 mber is utilized as a program resource.	Clinical Coordinator Supervisors Clinical Coordinators	March 1, 2007 – June 30, 2007	Report of complaints and follow-up
a) b)	Promote program entry for women through state Consumer 800 number. Investigate complaints reported to the Consumer 800 number as per Operational Requirements.	SISS. Coordinatoro		

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement quality clinical services throughout California.

OBJECTIVE 3: Quality Assurance

From March 1, 2007 through June 30, 2007, the Contractor will complete the required number of Provider Site Reviews (to be determined by Program Letter), with a focus on providers whose data falls below CDS benchmarks. Participate in CDS identified Continuous Quality Improvement (CQI) projects (see Operational Requirements).

Required Activities	Responsible Staff	Time Line	Deliverables
Activity 1: Perform the specified number of provider site reviews using current CDS tools and protocols. A percentage of site visits must be to PCPs not submitting data as determined by CDS (see Operational Requirements).	Clinical Coordinator Supervisors Clinical Coordinators	March 1, 2007 – June 30, 2007	Completed Site Review Tools Log of TA and training(s) Copies of Action Plans Log of Resources Disseminated
 a) When directed by CDS, perform site reviews on at least 90% of providers identified by CDS report. 			Log of Tracking Tools
b) Provide feedback and/or technical assistance to providers as needed.			
 c) Develop and monitor improvement action plans for providers when necessary. 			
 d) Ensure providers have CDS program resources including program manuals, guides, algorithms and web-links. 			
e) Provide tools for providers to use for tracking and follow-up. (i.e., tickler systems)			
f) Aggregate and analyze Provider Site Review outcomes.			
Activity 2: Participate and implement CDS Continuous Quality Improvement (CQI) projects as determined by CDS, such as, but not limited to data abstraction.	Clinical Coordinator Supervisors Clinical Coordinators	March 1, 2007 – June 30, 2007	Report of CQI activities

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of primary care providers to implement high quality clinical services.

OBJECTIVE 4: Professional Education

From March 1, 2007 through June 30, 2007, the Contractor shall assist CDS with professional education by either delivering technical assistance and training to designated primary care providers (PCPs) or recruiting* PCPs to attend CDS sponsored training(s). CDS will determine the training content, format, and number of PCPs per fiscal year and disseminate the information in a program letter.

Required Activities	Responsible Staff	Time Line	Deliverables
Activity 1: Recruit and enroll the specified number of PCPs to attend clinical breast examination (CBE) trainings in either the course format, requiring a minimum of 12 PCPs or the office detail (OD) format requiring one PCP per visit.	Clinical Coordinator Supervisors Clinical Coordinators	March 1, 2007 – June 30, 2007	CBE Training List Potential Site List Recruitment Plan
a) Prepare CBE Training List.b) Create list of potential CBE training sites.		a) June 1, 2007	
c) Develop a recruitment plan and submit to CDS.		c) June 30, 2007	
Activity 2: Deliver minimum data element (MDE) training to 100% of provider sites identified as not reporting data to CDS as per program requirements.	Clinical Coordinator Supervisors Clinical Coordinators	March 1, 2007 – June 30, 2007	List of PCPs not meeting data standards Training materials
a) Determine the appropriate training tools and delivery methods for each provider site. Deliver training (a)			Sign-in sheets Agendas
b) Deliver training(s).			

PROGRAM COMPONENT: TAILORED EDUCATION

Component Goal: Provide tailored education to priority population women in California in an effort to promote adherence to regular breast and cervical cancer screening and follow-up.

OBJECTIVE 1: Tailored Education

From July 1, 2007 through June 30, 2008, the Contractor will teach the required number of tailored education classes, established in an annual Program Letter to program eligible women. Each of the four priority population groups (African American, Asian/Pacific Islander, American Indian, and Rural Women) must be reached (see Operational Requirements).

Required Activities	Responsible Staff	Time Line	Deliverables
Activity 1: Coordinate and collaborate with communities and agencies in order to schedule tailored education classes. a) Research and develop lists of community agencies. b) Identify and hire Community Health Workers (CHWs) as needed. c) Make contact and schedule classes. d) Recruit class participants.	Project Coordinator Health Educators	July 1, 2007 – June 30, 2008	List of agencies Contact information and meeting/telephone notes Staffing reports CHWs Subcontractor Agreement signed and on file Copies of recruitment logs and materials
Activity 2: Teach the required number of classes per month utilizing CDS designated materials. A minimum of five (5) members from each of the targeted priority populations must be present for a class to be counted towards this objective.	Project Coordinator Health Educators	July 1, 2007 – June 30, 2008	Promotional materials Agenda Class participation by head count Pre-/Post- Tests Documentation of pre- and post- tests from CDS designated tool(s) on file and available to CDS upon request

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement quality clinical services throughout California.

OBJECTIVE 2: Provider Network

From July 1, 2007 through June 30, 2008, the Contractor will identify, train, and maintain a diverse network of providers that will comply with CDS clinical standards and data requirements (see Operational Requirements).

Required Activities	Responsible Staff	Time Line	Deliverables
Activity 1: Maintain a professional provider network.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2007 – June 30, 2008	Log of provider orientations and other trainings
a) Provide orientation to new PCPs and			Provider files
ongoing training as needed on CDS program policy and procedures utilizing CDS tools.			Log of efforts to recruit culturally appropriate PCPs
b) Maintain accurate files on each provider. (i.e., Provider Enrolment Agreement, Provider Site Review Tool, etc. as defined by CDS.)			Reduction/Expansion Plan
c) Recruit culturally appropriate providers to serve CDS priority populations (African American, Asian and Pacific Islander, Native American, and Rural) as needed.			
d) Develop a plan to expand and/or reduce the network based on regional needs, as determined by CDS.			
Activity 2: Ensure that the Consumer 800 number is utilized as a program resource.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2007 – June 30, 2007	Report of complaints and follow-up
 a) Promote program entry for women through state Consumer 800 number. b) Investigate complaints reported to the Consumer 800 number as per Operational Requirements. 			

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement quality clinical services throughout California.

OBJECTIVE 3: Quality Assurance

From July 1, 2007 through June 30, 2008, the Contractor will complete the required number of Provider Site Reviews (to be determined by Program Letter), with a focus on providers whose data falls below CDS benchmarks. Participate in CDS identified Continuous Quality Improvement (CQI) projects (see Operational Requirements).

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Required Activities	Responsible Staff	Time Line	Deliverables
Activity 1: Perform the specified number of provider site reviews using current CDS tools and protocols. A percentage of site visits must be to PCPs not submitting data as determined by CDS (see Operational Requirements).	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2007 – June 30, 2008	Completed Site Review Tools Log of TA and training(s) Copies of Action Plans Log of Resources Disseminated
When directed by CDS, perform site reviews on at least 90% of providers identified by CDS report.			Log of Tracking Tools
b) Provide feedback and/or technical assistance to providers as needed.			
c) Develop and monitor improvement action plans for providers when necessary.			
d) Ensure providers have CDS program resources including program manuals, guides, algorithms and web-links.			
e) Provide tools for providers to use for tracking and follow-up. (i.e., tickler systems)			
f) Aggregate and analyze Provider Site Review outcomes.			
Activity 2: The clinical staff shall implement CDS Continuous Quality Improvement (CQI) projects as determined by CDS, such as, but not limited to data abstraction.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2007 – June 30, 2008	Report of CQI activities

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of primary care providers to implement high quality clinical services.

OBJECTIVE 4: Professional Education

From July 1, 2007 through June 30, 2008, the Contractor shall assist CDS with professional education by either delivering technical assistance and training to designated primary care providers (PCPs) or recruiting* PCPs to attend CDS sponsored training(s). CDS will determine the training content, format, and number of PCPs per fiscal year and disseminate the information in a program letter.

Required Activities	Responsible Staff	Time Line	Deliverables
Activity 1: Recruit and enroll the specified number of PCPs to attend clinical breast	Clinical Coordinator Supervisors	July 1, 2007 – June 30, 2008	Updated CBE Training List
examination (CBE) trainings in either the	Clinical Coordinators		Potential Site List(s)
course format, requiring a minimum of 12 PCPs or the Office Detail (OD) format requiring			Resource Table List/Sign-in
one PCP per visit. a) Submit a CBE Training List (format and			Copies of recruitment materials and activities
content to be determined by CDS) every July 1 and January 1 of the contract period. b) Begin recruitment of PCPs not less then 90			Completed registration forms
days prior to the scheduled course date. Full recruitment must be complete 10 days prior to the course date.			
c) Complete one half of the required number of ODs by December 31, each fiscal year and the other half by June 30.			
d) On July 1 of each fiscal year, submit a proposed list of potential course sites that fit the criteria.			
e) Staff a resource table, with 1-2 Clinical Coordinators, at each course to promote public relations.			

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of primary care providers to implement high quality clinical services.

OBJECTIVE 4: Professional Education

From July 1, 2007 through June 30, 2008, the Contractor shall assist CDS with professional education by either delivering technical assistance and training to designated primary care providers (PCPs) or recruiting* PCPs to attend CDS sponsored training(s). CDS will determine the training content, format, and number of PCPs per fiscal year and disseminate the information in a program letter.

Required Activities	Responsible Staff	Time Line	Deliverables
Activity 2: Deliver minimum data element (MDE) training to 100% of provider sites identified as not reporting data to CDS as per program requirements.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2007 – June 30, 2008	List of PCPs not meeting data standards Training materials
a) Determine the appropriate training tools and delivery methods for each provider site.b) Deliver training(s).			Sign-in sheets Agendas
Activity 3: Deliver other CDS sanctioned trainings as required.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2007 – June 30, 2008	Copies of agendas and training materials Sign-up sheets

PROGRAM COMPONENT: TAILORED EDUCATION

Component Goal: Provide tailored education to priority population women in California in an effort to promote adherence to regular breast and cervical cancer screening and follow-up.

OBJECTIVE 1: Tailored Education

From July 1, 2008 through June 30, 2009, the Contractor will teach the required number of tailored education classes, established in an annual Program Letter to program eligible women. Each of the four priority population groups (African American, Asian/Pacific Islander, American Indian, and Rural Women) must be reached (see Operational Requirements).

Required Activities	Responsible Staff	Time Line	Deliverables
Activity 1: Coordinate and collaborate with communities and agencies in order to schedule tailored education classes. a) Research and develop lists of community agencies. b) Identify and hire Community Health Workers (CHWs) as needed. c) Make contact and schedule classes. d) Recruit class participants.	Project Coordinator Health Educators	July 1, 2008 – June 30, 2009	List of agencies Contact information and meeting/telephone notes Staffing reports CHWs Subcontractor Agreement signed and on file Copies of recruitment logs and materials
Activity 2: Teach the required number of classes per month utilizing CDS designated materials. A minimum of five (5) members from each of the targeted priority populations must be present for a class to be counted towards this objective.	Project Coordinator Health Educators	July 1, 2008 – June 30, 2009	Promotional materials Agenda Class participation by head count Pre-/Post- Tests Documentation of pre- and post- tests from CDS designated tool(s) on file and available to CDS upon request

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement quality clinical services throughout California.

OBJECTIVE 2: Provider Network

From July 1, 2008 through June 30, 2009, the Contractor will identify, train, and maintain a diverse network of providers that will comply with CDS clinical standards and data requirements (see Operational Requirements).

	Required Activities	Responsible Staff	Time Line	Deliverables	
	tivity 1: Maintain a professional provider twork.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2008 – June 30, 2009	Log of provider orientations and other trainings	
a)	Provide orientation to new PCPs and			Provider files	
	ongoing training as needed on CDS program policy and procedures utilizing CDS tools.			Log of efforts to recruit culturally appropriate PCPs	
b)	Maintain accurate files on each provider. (i.e., Provider Enrolment Agreement, Provider Site Review Tool, etc. as defined by CDS.)			Reduction/Expansion Plan	
c)	Recruit culturally appropriate providers to serve CDS priority populations (African American, Asian and Pacific Islander, Native American, and Rural) as needed.				
d)	Develop a plan to expand and/or reduce the network based on regional needs, as determined by CDS.				
	tivity 2: Ensure that the Consumer 800 mber is utilized as a program resource.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2008 – June 30, 2009	Report of complaints and follow-up	
a) b)	Promote program entry for women through state Consumer 800 number. Investigate complaints reported to the Consumer 800 number as per Operational Requirements.	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement quality clinical services throughout California.

OBJECTIVE 3: Quality Assurance

From July 1, 2008 through June 30, 2009, the Contractor will complete the required number of Provider Site Reviews (to be determined by Program Letter), with a focus on providers whose data falls below CDS benchmarks. Participate in CDS identified Continuous Quality Improvement (CQI) projects (see Operational Requirements).

Required Activities	Responsible Staff	Time Line	Deliverables
Activity 1: Perform the specified number of provider site reviews using current CDS tools and protocols. A percentage of site visits must be to PCPs not submitting data as determined by CDS (see Operational Requirements).	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2008 – June 30, 2009	Completed Site Review Tools Log of TA and training(s) Copies of Action Plans Log of Resources Disseminated
 a) When directed by CDS, perform site reviews on at least 90% of providers identified by CDS report. 			Log of Tracking Tools
 b) Provide feedback and/or technical assistance to providers as needed. 			
 Develop and monitor improvement action plans for providers when necessary. 			
d) Ensure providers have CDS program resources including program manuals, guides, algorithms and web-links.			
e) Provide tools for providers to use for tracking and follow-up. (i.e., tickler systems)			
f) Aggregate and analyze Provider Site Review outcomes.			
Activity 2: The clinical staff shall implement CDS Continuous Quality Improvement (CQI) projects as determined by CDS, such as, but not limited to data abstraction.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2008 – June 30, 2009	Report of CQI activities

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of primary care providers to implement high quality clinical services.

OBJECTIVE 4: Professional Education

From July 1, 2008 through June 30, 2009, the Contractor shall assist CDS with professional education by either delivering technical assistance and training to designated primary care providers (PCPs) or recruiting* PCPs to attend CDS sponsored training(s). CDS will determine the training content, format, and number of PCPs per fiscal year and disseminate the information in a program letter.

Required Activities Responsible Staff	Time Line	Deliverables				
Required Activities Activity 1: Recruit and enroll the specified number of PCPs to attend clinical breast examination (CBE) trainings in either the course format, requiring a minimum of 12 PCPs or the Office Detail (OD) format requiring one PCP per visit. a) Submit a CBE Training List (format and content to be determined by CDS) every July 1 and January 1 of the contract period. b) Begin recruitment of PCPs not less then 90 days prior to the scheduled course date. Full recruitment must be complete 10 days prior to the course date. c) Complete one half of the required number of ODs by December 31, each fiscal year and the other half by June 30. d) On July 1 of each fiscal year, submit a proposed list of potential course sites that fit the criteria. e) Staff a resource table, with 1-2 Clinical		Deliverables Updated CBE Training List Potential Site List(s) Resource Table List/Sign-in Copies of recruitment materials and activities Completed registration forms				

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of primary care providers to implement high quality clinical services.

OBJECTIVE 4: Professional Education

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Required Activities	Responsible Staff	Time Line	Deliverables
Activity 2: Deliver minimum data element (MDE) training to 100% of provider sites identified as not reporting data to CDS as per program requirements.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2008 – June 30, 2009	List of PCPs not meeting data standards Training materials
a) Determine the appropriate training tools and delivery methods for each provider site.b) Deliver training(s).			Sign-in sheets Agendas
Activity 3: Deliver other CDS sanctioned trainings as required.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2008 – June 30, 2009	Copies of agendas and training materials Sign-up sheets

PROGRAM COMPONENT: TAILORED EDUCATION

Component Goal: Provide tailored education to priority population women in California in an effort to promote adherence to regular breast and cervical cancer screening and follow-up.

OBJECTIVE 1: Tailored Education

From July 1, 2009 through June 30, 2010, the Contractor will teach the required number of tailored education classes, established in an annual Program Letter to program eligible women. Each of the four priority population groups (African American, Asian/Pacific Islander, American Indian, and Rural Women) must be reached (see Operational Requirements).

Required Activities	Responsible Staff	Time Line	Deliverables		
Activity 1: Coordinate and collaborate with	Project Coordinator	July 1, 2009 – June 30, 2010	List of agencies		
communities and agencies in order to schedule tailored education classes.	Health Educators		Contact information and meeting/telephone notes		
 a) Research and develop lists of community agencies. 			Staffing reports		
b) Identify and hire Community Health Workers (CHWs) as needed.			CHWs Subcontractor Agreement signed and on file		
c) Make contact and schedule classes.			Copies of recruitment logs and materials		
d) Recruit class participants.			materials		
Activity 2: Teach the required number of	Project Coordinator	July 1, 2009 – June 30, 2010	Promotional materials		
classes per month utilizing CDS designated materials. A minimum of five (5) members	Health Educators		Agenda		
from each of the targeted priority populations must be present for a class to be counted			Class participation by head count		
towards this objective.			Pre-/Post- Tests		
			Documentation of pre- and post- tests from CDS designated tool(s) on file and available to CDS upon request		

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement quality clinical services throughout California.

OBJECTIVE 2: Provider Network

From July 1, 2009 through June 30, 2010, the Contractor will identify, train, and maintain a diverse network of providers that will comply with CDS clinical standards and data requirements (see Operational Requirements).

	Required Activities	Responsible Staff	Time Line	Deliverables
	ctivity 1: Maintain a professional provider etwork.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2009 – June 30, 2010	Log of provider orientations and other trainings
a)		omnour obstantators		Provider files
	ongoing training as needed on CDS program policy and procedures utilizing CDS tools.			Log of efforts to recruit culturally appropriate PCPs
b)	Maintain accurate files on each provider. (i.e., Provider Enrolment Agreement, Provider Site Review Tool, etc. as defined by CDS.)			Reduction/Expansion Plan
c)	Recruit culturally appropriate providers to serve CDS priority populations (African American, Asian and Pacific Islander, Native American, and Rural) as needed.			
d)	Develop a plan to expand and/or reduce the network based on regional needs, as determined by CDS.			
	ctivity 2: Ensure that the Consumer 800 imber is utilized as a program resource.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2009 – June 30, 2010	Report of complaints and follow-up
a) b)	state Consumer 800 number.			

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of Primary Care Providers (PCPs) that will implement quality clinical services throughout California.

OBJECTIVE 3: Quality Assurance

From July 1, 2009 through June 30, 2010, the Contractor will complete the required number of Provider Site Reviews (to be determined by Program Letter), with a focus on providers whose data falls below CDS benchmarks. Participate in CDS identified Continuous Quality Improvement (CQI) projects (see Operational Requirements).

Required Activities	Responsible Staff	Time Line	Deliverables	
Activity 1: Perform the specified number of provider site reviews using current CDS tools and protocols. A percentage of site visits must be to PCPs not submitting data as determined by CDS (see Operational Requirements).	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2009 – June 30, 2010	Completed Site Review Tools Log of TA and training(s) Copies of Action Plans Log of Resources Disseminated	
When directed by CDS, perform site reviews on at least 90% of providers identified by CDS report.			Log of Tracking Tools	
b) Provide feedback and/or technical assistance to providers as needed.				
c) Develop and monitor improvement action plans for providers when necessary.				
d) Ensure providers have CDS program resources including program manuals, guides, algorithms and web-links.				
e) Provide tools for providers to use for tracking and follow-up. (i.e., tickler systems)				
f) Aggregate and analyze Provider Site Review outcomes.				
Activity 2: The clinical staff shall implement CDS Continuous Quality Improvement (CQI) projects as determined by CDS, such as, but not limited to data abstraction.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2009 – June 30, 2010	Report of CQI activities	

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

Component Goal: Identify and maintain a network of primary care providers to implement high quality clinical services.

OBJECTIVE 4: Professional Education

From July 1, 2009 through June 30, 2010, the Contractor shall assist CDS with professional education by either delivering technical assistance and training to designated primary care providers (PCPs) or recruiting* PCPs to attend CDS sponsored training(s). CDS will determine the training content, format, and number of PCPs per fiscal year and disseminate the information in a program letter.

Required Activities	Responsible Staff	Time Line	Deliverables		
Activity 1: Recruit and enroll the specified number of PCPs to attend clinical breast	Clinical Coordinator Supervisors	July 1, 2009 – June 30, 2010	Updated CBE Training List		
examination (CBE) trainings in either the	Clinical Coordinators		Potential Site List(s)		
course format, requiring a minimum of 12 PCPs or the Office Detail (OD) format			Resource Table List/Sign-in		
requiring one PCP per visit. a) Submit a CBE Training List (format and			Copies of recruitment materials and activities		
July 1 and January 1 of the contract period.			Completed registration forms		
b) Begin recruitment of PCPs not less then 90 days prior to the scheduled course date. Full recruitment must be complete					
10 days prior to the course date.					
c) Complete one half of the required number of ODs by December 31, each fiscal year and the other half by June 30.					
d) On July 1 of each fiscal year, submit a proposed list of potential course sites					
that fit the criteria.e) Staff a resource table, with 1-2 Clinical Coordinators, at each course to promote public relations.					

PROGRAM COMPONENT: QUALITY CLINICAL SERVICES

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OBJECTIVE 4: Professional Education

From July 1, 2009 through June 30, 2010, the Contractor shall assist CDS with professional education by either delivering technical assistance and training to designated primary care providers (PCPs) or recruiting* PCPs to attend CDS sponsored training(s). CDS will determine the training content, format, and number of PCPs per fiscal year and disseminate the information in a program letter.

Required Activities	Responsible Staff	Time Line	Deliverables
Activity 2: Deliver minimum data element (MDE) training to 100% of provider sites identified as not reporting data to CDS as per program requirements.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2009 – June 30, 2010	List of PCPs not meeting data standards Training materials
a) Determine the appropriate training tools and delivery methods for each provider site.b) Deliver training(s).			Sign-in sheets Agendas
Activity 3: Deliver other CDS sanctioned trainings as required.	Clinical Coordinator Supervisors Clinical Coordinators	July 1, 2009 – June 30, 2010	Copies of agendas and training materials Sign-up sheets